STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017398	A. BUILDING: _____ B. WING _____	C 04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCCORMICK ASSISTED LIVING	212 IROQUOIS AVENUE ALLOUEZ, WI 54301

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments On 04/24/2024 with additional information gathered through 04/25/2024, Surveyor conducted a complaint investigation at McCormick Assisted Living in Green Bay. As a result, 1 of 2 complaints were substantiated and 2 deficiencies were identified. Census: 39	N 000		
N 385	83.35(2) Temporary Service Plan. Temporary service plan. Upon admission, the CBRF shall prepare and implement a written temporary service plan to meet the immediate needs of the resident, including persons admitted for respite care, until the individual service plan under sub. (3) is developed and implemented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not prepare and implement a written temporary service plan (TSP) that met the immediate needs of Resident 1 upon admission. Resident 1's assessment and temporary service plan did not corroborate Resident 1's needs. Resident 1's temporary service plan did not include immediate needs related to behaviors with dementia, grooming, oral care, medication management, safety, emotional and toileting needs. Resident 1's temporary service plan was not specific to meet his/her immediate needs upon admission. Findings include: On 11/15/2023, the Department received complaint information alleging the facility was unable to meet resident needs.	N 385		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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N 385	Continued From page 1 On 04/25/2024, Surveyor conducted a complaint investigation. Surveyor requested Resident 1's record including the pre-admission assessment, individual service plan (ISP), TSP, hospice notes and staff charting notes. The following documents were provided by Executive Director A. Surveyor was informed by Executive Director A the comprehensive ISP was not created yet due to Resident 1 being at the facility less than 30 days. Executive Director A confirmed caregivers were utilizing the TSP. On 04/25/2024 at approximately 11:06 AM, Surveyor reviewed Resident 1's record. Surveyor noted Resident 1 was admitted to the facility on 09/05/2023 and passed away on 09/30/2023. Resident 1's diagnoses included but were not limited to, atrial fibrillation, dementia and chronic cholecystitis. Surveyor observed a document titled "Admission Assessment/30 Day Plan of Care" with an admit date of 09/05/2023. There were no diagnoses listed, signatures or dates of completion noted on the assessment by the individual who completed the assessment. There were several blank sections on the assessment including transportation, interests and activities and emergency evacuation. Surveyor reviewed the assessment and noted it had 16 sections including: diagnoses, medication management, nutrition, elimination, mobility, bathing, oral care, allergies, language/speech, cognitive, emotional, safety issues, transportation, interests and activities, spiritual and emergency evacuation. Each section had a table that included used to identify certain immediate care needs. For example, elimination included: toilets self, needs assistance, incontinent - bowel, bladder, depends, catheter - indwelling, intermittent,	N 385		

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N 385	Continued From page 2 condom. The table was set up for the person completing the form to place an "x" or check mark next to the level of assistance needed, such as "self, assist, supervise," etc. Surveyor observed there were "x's" next to, "needs assistance, bowel, bladder and depends." Under oral care, there was an "x" next to "assist," but there were no "x's" identifying whether Resident 1 had his/her own teeth, no teeth or dentures. There was no additional information in the elimination or oral care sections of the assessment to indicate what type of assistance Resident 1 needed. Surveyor reviewed Resident 1's charting documentation. There were several entries by staff reflecting Resident 1's refusal with cares, wandering concerns and physical aggression. Documentation from 09/08/2023 by License Practical Nurse (LPN) B indicated an order was received by the doctor for Alprazolam, twice a day, PRN for anxiety/agitation. Surveyor also reviewed hospice documentation which reflected Resident 1 was admitted to hospice on 09/21/2023. Surveyor again reviewed Resident 1's assessment/TSP and under medication management, there was no "x" marked next to PRN. In addition, there were no updates to Resident 1's assessment/TSP reflecting s/he was admitted to hospice on 09/21/2023.	N 385		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the	N 408		

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N 408	Continued From page 3 behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the temporary service plan (TSP) of 1 of 1 resident reviewed, that received a PRN psychotropic medication, included the rational for use and a detailed description of the behaviors which indicated the need for administration of PRN psychotropic medications. Resident 1's TSP did not include his/her use of Alprazolam PRN. Findings include: On 04/25/2024 at approximately 11:06 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 09/05/2023 and passed away on 09/30/2023. Resident 1's physician orders included Alprazolam 0.5 mg three times a day (TID) as needed for anxiety (Start Date: 09/08/2023). Resident 1's TSP, with an admit date of 09/05/2023, did not include the use of Alprazolam.	N 408		

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N 408	Continued From page 4 On 04/26/2024 at 10:00 AM, Surveyor reviewed Resident 1's September 2023 medication administration record (MAR) for usage of the PRN Alprazolam. Surveyor noted the medication was administered on 09/08/2023, twice on 09/09/2023, 09/12/2023, 09/15/2023 and 09/22/2023. On 04/26/2024 at approximately 3:45 PM, Surveyor reviewed concern with Executive Director A, Administrator C, Household Coordinator D and Administrator E that Resident 1's TSP did not include the use of Alprazolam. Executive Director A confirmed Resident 1's use of Alprazolam and acknowledged there was no mention of it listed on Resident 1's TSP. Executive Director A reported Resident 1 was at their facility just under a month and they are working on updating their TSP upon admission. The provider received the Alprazolam order on 09/08/2023; however, the TSP was never amended to reflect the usage of the medication prior to Resident 1's death on 09/30/2023.	N 408		